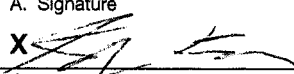


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Steven B. King 4073 Shell Rd. Sarasota, FL 34242		B. Received by (Printed Name) J. KING	C. Date of Delivery 6-27
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7000 0520 0023 0166 4385			

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

Copy
33FILED
HARRISBURG, PA

JUL 11 2002

MARY E. D'AMICO, CLERK
Per 
Deputy Clerk

01-cv-1117

6/2/02
Order

1081

J. Kane